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PTO/SB/01 (12-97)

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DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63) <input type="checkbox"/> Declaration Submitted with Initial Filing OR <input checked="" type="checkbox"/> Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)	Attorney Docket Number	38-21(52949)B
	First Named Inventor	Judith C. Donovan
	COMPLETE IF KNOWN	
	Application Number	10/581,763
	Filing Date	June 6, 2006
	Group Art Unit	Unknown
	Examiner Name	Unknown

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

Secreted Insecticidal Protein and Gene Compositions from Bacillus Thuringiensis and Uses Therefor

the specification of which (Title of the invention)

☐ is attached hereto
OR
☒ was filed on (MM/DD/YYYY) **June 6, 2006** as United States Application Number or PCT International

Application Number **10/581,763** and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 356(b) of any foreign application(s) for patent or inventor's certificate, or 356(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)
60/529,917	December 16, 2003

☐ Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

[Page 1 of 2]

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DECLARATION — Utility or Design Patent Application							
I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT international application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.							
U.S. Parent Application or PCT Parent Number				Parent Filing Date (MM/DD/YYYY)		Parent Patent Number (if applicable)	
PCT/US2004/042611				December 14, 2004			
<input type="checkbox"/> Additional U.S. or PCT international application numbers are listed on a supplemental priority data sheet PTO/SB/02C attached hereto.							
As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:							
<input checked="" type="checkbox"/> Customer Number 27161				<input type="checkbox"/> OR			
<input type="checkbox"/> Registered practitioner(s) name/registration number listed below				Place Customer Number Bar Code Label here			
Name		Registration Number		Name		Registration Number	
<input type="checkbox"/> Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/SB/02C attached hereto.							
Direct all correspondence to: <input checked="" type="checkbox"/> Customer Number or Bar Code Label 27161							
<input type="checkbox"/> OR Correspondence address below							
Name							
Address							
Address							
City				State			
Country				ZIP			
Telephone				Fax			
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true, and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.							
Name of Sole or First Inventor:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle (if any))				Family Name or Surname			
Judith				Donovan			
Inventor's Signature						Date	
Residence: City		Manchester		State		MO	
Country		USA		Citizenship		US	
Post Office Address		817 Phaeton Drive					
Post Office Address							
City		Manchester		State		MO	
ZIP		63021		Country		USA	
<input checked="" type="checkbox"/> Additional inventors are being named on the <u>2</u> supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto							

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PTO/SB/02A (3-97)

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<h2 style="margin: 0;">DECLARATION</h2>	ADDITIONAL INVENTOR(S) Supplemental Sheet Page <u>1</u> of <u>2</u>
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Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])				Family Name or Surname			
William				Donovan			
Inventor's Signature	<i>William P. Donovan</i>					Date	2-21-07
Residence: City	Manchester	State	MO	Country	USA	Citizenship	US
Post Office Address 817 Phaeton Drive							
Post Office Address							
City	Manchester	State	MO	ZIP	63021	Country	USA
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])				Family Name or Surname			
James				Engleman			
Inventor's Signature	<i>James Engleman</i>					Date	2/15/07
Residence: City	Ephrata	State	PA	Country	USA	Citizenship	US
Post Office Address 429 Ridge Avenue							
Post Office Address							
City	Ephrata	State	PA	ZIP	17522	Country	USA
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])				Family Name or Surname			
Thomas				Malvar			
Inventor's Signature	<i>Thomas Malvar</i>					Date	2/19/07
Residence: City	North Stonington	State	CT	Country	USA	Citizenship	US
Post Office Address 308 Northwest Corner Road							
Post Office Address							
City	NorthStonington	State	CT	ZIP	06359	Country	USA

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DECLARATION	ADDITIONAL INVENTOR(S) Supplemental Sheet Page <u>2</u> of <u>2</u>
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Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])			Family Name or Surname		
John			Pitkin		
Inventor's Signature					Date
					2/22/07
Residence: City	Wildwood	State	MO	Country	USA
					Citizenship
	US				
Post Office Address	2406 Maple Crossing Drive				
Post Office Address					
City	Wildwood	State	MO	ZIP	63011
				Country	USA
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])			Family Name or Surname		
Inventor's Signature					Date
Residence: City		State		Country	
					Citizenship
Post Office Address					
Post Office Address					
City		State		ZIP	
				Country	
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])			Family Name or Surname		
Inventor's Signature					Date
Residence: City		State		Country	
					Citizenship
Post Office Address					
Post Office Address					
City		State		ZIP	
				Country	

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